

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)

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 FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) National Rifle Association of America Political Victory Fund		FEC IDENTIFICATION NUMBER ▼ C C00053553	
Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee Perry Colliver		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 17 / 2014	
Mailing Address Court Days Festival P.O. Box 211		Amount 125.00	
City Mt Sterling	State KY	Zip Code 40353	Transaction ID : 62042429
Purpose of Expenditure Booth Rental	Category/Type 004	Date of Disbursement or Obligation MM / DD / YYYY	
Name of Federal Candidate Sen. Mitch McConnell		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: KY <input type="checkbox"/> President	
Calendar Year-To-Date Per Election for Office Sought 0.00		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee Forks of the Delaware Historical Arms Society		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 18 / 2014	
Mailing Address 2060 Northhampton Street		Amount 60.00	
City Easton	State PA	Zip Code 18042-3140	Transaction ID : 62042475
Purpose of Expenditure Booth Rental	Category/Type 004	Date of Disbursement or Obligation MM / DD / YYYY	
Name of Federal Candidate Ryan Costello		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate District: 06 <input type="checkbox"/> President	
Calendar Year-To-Date Per Election for Office Sought 0.00		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	185.00
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Mary Rose Adkins

[Electronically Filed]

Date

 MM / DD / YYYY
10 / 18 / 2014

Signature